

APPLICATION TO BECOME A LEAVE RECIPIENT

Furnishing the SSN, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application.

Name: _____ SSN: _____

Position/Series/Grade: _____

Command/Work Phone Number: _____

Nature of Emergency: _____

Pregnancy and Childbirth: Yes No

Individual affected by emergency: SELF FAMILY MEMBER

Physician who will verify medical emergency: _____

Date medical emergency began: _____ Expected to end: _____

Estimated number of hours needed: _____

Is donated leave to be substituted for LWOP or advanced Leave: YES/NO

Attachments:

- SF-71, Approved Leave Request, **copy of**
- Latest Leave and Earnings Statement, **copy of**
- Documentation of Medical Emergency (to include diagnosis, prognosis, and duration of the medical emergency)

Supplemental Information for Applicants: Documentation must be provided to your supervisor on at least a monthly basis to support your medical emergency. Approval as leave recipient does not constitute approval of leave. You must still request leave from your supervisor. Eligibility for leave transfer terminates:

- (a) When you are able to return to duty,
- (b) When your employment is terminated with your present activity,
- (c) At the end of the pay period when it is determined by the approving official that you are no longer affected by a medical emergency, or
- (d) At the end of the pay period in which notification of your application for disability retirement has been approved.

Name of individual completing the application: _____

I CERTIFY THE ABOVE INFORMATION IS TRUE (Before signing, see page 2 of this form.)

SIGNATURE/DATE: _____

ENDORSEMENTS: If disapproval is recommended, attach your written reason and forward this request to the next level for consideration.

► **IMMEDIATE SUPERVISOR:**

Recommend Approval? **Yes** **No** **Initial & Date:** _____

► **DEPARTMENT HEAD:**

Recommend Approval? **Yes** **No** **Initial & Date:** _____

► **FORWARD THIS FORM TO HRO Code 520 for processing.**

INSTRUCTIONS FOR THE SUPERVISOR:

If the Leave Recipient Application is approved, the recipient must provide you with documentation on at least a monthly basis to support the continuation of the medical emergency. The recipient's eligibility terminates when the recipient:

- (a) is able to return to duty,
- (b) is separated from the activity,
- (c) at the end of the pay period after the approving official determines the medical emergency ceases, or
- (d) at the end of the pay period in which a disability retirement application is approved.

Additionally, you must notify HRO Code 520, when the employee's medical emergency terminates.

PRIVACY ACT STATEMENT. Participation in this program is voluntary; however, solicitation of this information is authorized by PL 100- 566 (October 31, 1988). The information furnished will be used to identify records properly associated with the leave donation. It may also be disclosed to a national, State, or local law enforcement agency where there is an indication of a violation or potential violation of civil or criminal law, rule, or regulations; or to another agency or court when the Government is party to a suit. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number (SSN). Furnishing the SSN, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application.